

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS COLLECTING AGENT FOR
U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Medical Expenditure Panel Survey
Insurance Component

HEALTH INSURANCE COST STUDY PLAN INFORMATION QUESTIONNAIRE

INSTRUCTIONS

The MEPS-11(S), Plan Information Questionnaire, is to be completed for all health insurance plans offered AT THIS GOVERNMENT UNIT. Please use photocopies of this MEPS-11(S) form if sufficient copies were not included in this reporting package.

Section B – GENERAL PLAN INFORMATION

		FOR CENSUS USE ONLY	
<p><i>Begin with the plan having the largest enrollment and proceed through to the plan with the smallest enrollment of active employees.</i></p>		100	
<p>1a. For 1999, what was the name of the health insurance plan with the largest (or next largest) enrollment of active employees?</p> <p>Examples: • Blue Cross Blue Shield, High Option • Option A • Aetna HMO</p>		<p>012 Name of plan</p>	
<p>b. What was the name of the insurance company or carrier providing this plan?</p> <p>Examples: • Blue Cross Blue Shield • Alliance • Charter Health</p> <p><i>If self-insured, enter the government name.</i></p>		<p>102 Name of insurance carrier</p>	
<p>2. Which type of health care provider was available through this plan?</p> <p>Exclusive providers – Enrollees must go to providers associated with the plan except in an emergency. There is typically no cost or a small fixed cost for each physician visit.</p> <p>Any providers – Enrollees may go to providers of their choice on a fee-for-service basis. The plan does not have any associated providers.</p> <p>Mixture of preferred and any providers – Enrollees may go to a set of "preferred" providers associated with the plan or providers of their choice. If they go to a non-preferred provider, they usually face higher costs.</p>		<p>103</p> <p>1 <input type="checkbox"/> Exclusive providers (Examples: Most HMO, IPA, and EPO-type plans)</p> <p>2 <input type="checkbox"/> Any providers (Examples: Most conventional and indemnity plans)</p> <p>3 <input type="checkbox"/> Mixture of preferred and any providers (Examples: Most PPO and POS-type plans)</p>	
<p>3. Did this plan REQUIRE that the enrollee see a primary-care physician in order to be referred to a specialist?</p> <p><i>For plans with multiple options, answer for the "in-network" option.</i></p>		<p>104</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	

Section B – GENERAL PLAN INFORMATION – Continued

- 4. Was this plan purchased from an insurance underwriter or was it self-insured?**
- Purchased from an insurance underwriter** – Coverage is purchased from an insurance company (**fully-insured**) or other underwriter who assumes the risk for enrollees' medical expenses.
- Self-insured** – Your government unit assumes the risk for the enrollees' medical expenses and may charge a premium to employees. This plan may be administered by a third party and may employ supplemental stop-loss insurance to limit unanticipated losses.

105

- 1 ☐ Purchased – ***SKIP to Question 6***
- 2 ☐ Self-insured – *Continue with Question 5a*

Section B – SELF-INSURED PLAN INFORMATION

Complete Questions 5a–g if this plan was self-insured.

5a. Was this plan self-administered or did your government unit employ an insurance company or other administrator?

b. Did your government unit purchase stop-loss coverage?

c. What was the ANNUAL COST of this plan for the 1999 plan year for this government unit?

Include the following:

- *Claims paid*
- *Administrative costs*
- *The cost of stop-loss coverage (if any)*

- 5a. Was this plan self-administered or did your government unit employ an insurance company or other administrator?**

106

- 1 ☐ Self-administered
- 2 ☐ Insurance company or other administrator

- b. Did your government unit purchase stop-loss coverage?**

107

1 ☐ Yes

2 ☐ No

- C. What was the ANNUAL COST of this plan for the 1999 plan year for this government unit?**
- Include the following:*
- *Claims paid*
 - *Administrative costs*
 - *The cost of stop-loss coverage (if any)*

- *Claims paid*
- *Administrative costs*
- *The cost of stop-loss coverage (if any)*

Step 6

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Annual plan cost

- d. What percentage of the amount reported in 5c covered stop loss coverage and administrative costs?**

560 % Percentage for stop loss coverage and administrative costs

- e. What was the monthly premium equivalent for ONE TYPICAL full-time employee with SINGLE coverage?**
- Estimates are acceptable.
- If the premium equivalent is not available, enter the COBRA amount.*

If the premium equivalent is not available, enter the COBRA amount.

109

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Single coverage

- f. What was the monthly premium equivalent for ONE TYPICAL full-time employee with FAMILY coverage?**
- Estimates are acceptable.
- If the premium equivalent is not available, enter the COBRA amount.*
- If cost varies by family size, family coverage should be calculated for a family of four.*

If the premium equivalent is not available, enter the COBRA amount.

If cost varies by family size, family coverage should be calculated for a family of four.

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Family coverage

- g. Are the amounts reported in 5e and 5f premium equivalents or COBRA amounts?**
- Mark (X) only one.*

Mark (X) only one.

111

- ☐ Premium equivalents
- ☐ COBRA amounts

Continue with Question 6.

Section B – PLAN AFFILIATION

6. Was this plan offered through a union or a trade association?

If this plan was offered through a union or trade association, please provide the information requested at the right. →

113 1 ☐ Union 2 ☐ Trade Association 3 ☐ Neither – Continue with Question 7a

114 Name of union or trade association

115 If a union, local number

116 Name of insurance representative

117 Address (Number and street)

118 City

119 State

120 ZIP Code

121 Telephone number
()

Section B – ENROLLMENT

Estimates are acceptable for all enrollment figures.
Include full-time, part-time, temporary and seasonal employees.

Exclude retirees.

7a. How many active employees were enrolled in this plan at this government unit during a typical pay period?

Exclude former employees.

125 Active employees enrolled in plan

b. How many of those active employees were enrolled in single coverage during a typical pay period?

129 Active employees enrolled in single coverage

c. How many FORMER employees were enrolled in this plan through COBRA or other state continuation-of-benefits laws during a typical pay period?

126 Former employees enrolled in plan

Section B – SINGLE COVERAGE PREMIUMS

Report for typical situations and enrollees.
If premium varies, report for an average employee.
Report government unit/employee contributions and total premium for the same period.

8a. Was single coverage offered under this plan?

552 1 ☐ Yes – Continue with Question 8b
2 ☐ No – SKIP to Question 9a

b. For this plan, how much did the government unit contribute toward the plan premium of ONE TYPICAL full-time employee with single coverage?

131 \$, . 0 0 Government unit contribution

c. How much did this typical employee with single coverage contribute toward his/her own premium?

132 \$, . 0 0 Employee contribution

d. What was the total premium for this typical employee with single coverage?

130 \$, . 0 0 Total single premium

If this was a self-insured plan, this total should be the same as 5e.

e. The amounts reported in questions 8b–d are based on which one of the following time periods?

Mark (X) only one.

133 1 ☐ Weekly
2 ☐ Every 2 weeks
3 ☐ Monthly
5 ☐ Quarterly
4 ☐ Yearly

Section B – FAMILY COVERAGE PREMIUMS

Report for typical situations and enrollees.
If premium varies, report for an average employee.
Report government unit/employee contributions and total premium for the same period.
If cost varies by family size, report for a family of four.

9a. Was family coverage offered under this plan?

- 137 1 ☐ Yes – Continue with Question 9b
2 ☐ No – **SKIP to Question 10a**

b. For this plan, how much did the government unit contribute toward the plan premium of ONE TYPICAL full-time employee with family coverage?

135 \$, . 0 0 Government unit contribution

c. How much did this typical employee with family coverage contribute toward his/her own premium?

136 \$, . 0 0 Employee contribution

d. What was the total premium for this typical employee with family coverage?

134 \$, . 0 0 **Total family premium**
If this was a self-insured plan, this total should be the same as 5f.

e. The amounts reported in questions 9b–d are based on which one of the following time periods?

Mark (X) only one.

- 553 1 ☐ Weekly
2 ☐ Every 2 weeks
3 ☐ Monthly
5 ☐ Quarterly
4 ☐ Yearly

Section B – GENERAL PREMIUM INFORMATION

10a. Did the PREMIUMS charged by the insurance company or carrier vary by any of these characteristics?

Mark (X) all that apply.

- 138 ☐ Age
139 ☐ Sex (Gender)
140 ☐ Number of persons covered by a family plan
141 ☐ Wage or salary levels
142 ☐ Other – Specify
099
567 ☐ None of the above

b. Did the amount an EMPLOYEE CONTRIBUTED toward his/her own coverage vary by different employee categories?

Examples: Full-time, part-time, union status, wage or salary levels

- 143 1 ☐ Yes
2 ☐ No

11. Did the plan premium include life and/or disability insurance?

Mark (X) all that apply.

- 144 ☐ Life insurance
145 ☐ Disability insurance
565 ☐ No life and/or disability insurance covered by the premium

Section B – INDIVIDUAL DEDUCTIBLES

12a. Did this plan have a deductible?

Deductible – Predetermined amount which must be met by an individual before the plan will pay for covered services.

Many HMOs do not have a deductible.

- 151 1 ☐ Yes – Continue with Question 12b
2 ☐ No – **SKIP to Question 14a**

b. What was the annual deductible an individual paid?

Report deductibles for care received "in-network" from preferred providers, if applicable.

If separate deductibles apply, enter physician care and hospital care amounts in appropriate boxes.

If deductible is per overnight hospital stay, it is not an annual deductible and should be reported under 14b.

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 Individual annual deductible

OR

Separate deductibles for:

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 Physician care

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 Hospital care

Section B – FAMILY DEDUCTIBLES

13a. Did this plan require that a specific number of family members must meet their individual deductibles before the family deductible was met?

- 224 1 ☐ Yes – Continue with Question 13b
2 ☐ No – **SKIP to Question 13c**
☐ Family coverage not offered – **SKIP to Question 14a**

b. How many family members were required to meet their individual deductibles before the family deductible was met?

Report for typical situations and enrollees.

150

 Number of family members

c. What was the total annual deductible a family paid?

Report for a family of four.

149

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 Total annual family deductible

Section B – PAYMENTS

14a. Was hospital care covered under this plan?

155

1 ☐ Yes – *Continue with Question 14b*

2 ☐ No – **SKIP to Question 14c**

b. How much and/or what percentage of the total bill did an enrollee pay out-of-pocket for an inpatient hospital stay after any annual deductible was met?

Some plans may have both a dollar amount and a percentage copayment.

Out-of-pocket expense – Those costs paid directly by the enrollee.

Report for precertified hospital stays (if applicable).

Report for stays at "in-network"/participating hospitals (if applicable).

Do not include any physician charges incurred during the hospital stay.

C. Was physician care covered under this plan?

218 1 ☐ Yes – *Continue with Question 14d*
2 ☐ No – ***SKIP to Question 15a***

d. How much and/or what percentage of the total bill did an enrollee pay out-of-pocket for an office visit after any annual deductible was met?

Some plans may have both a dollar amount and a percentage copayment.

Report the copayment for an "in-network"/participating general practitioner during normal office hours.

Out-of-pocket expense – *Those costs paid directly by the enrollee.*

15a. What was the maximum amount this plan would have paid for an enrollee over his/her lifetime?

b. What was the maximum amount this plan would have paid for an enrollee in one year?

16a. What was the maximum annual out-of-pocket expense for an individual?

Out-of-pocket expense – Those costs paid directly by the enrollee.

This is often referred to as a catastrophic limit.

Include all copayments and deductibles.

b. What was the maximum annual out-of-pocket expense for a family of four?

Out-of-pocket expense – Those costs paid directly by the enrollee.

This is often referred to as a catastrophic limit.

Include all copayments and deductibles.

222 ☐ No family maximum

Section B – PLAN CHARACTERISTICS

17a. Could this plan have refused to cover persons with certain pre-existing medical or health conditions?

- 183 1 ☐ Yes – *Continue with Question 17b*
2 ☐ No – **SKIP to Question 18**

b. Did this happen in 1999?

- 184 1 ☐ Yes
2 ☐ No

18. Did this plan have a policy requiring a waiting period before covering pre-existing conditions?

- 185 1 ☐ Yes
2 ☐ No

19. In what month did the plan year begin?

Enter a two-digit numeric response.
Example: January = 01; May = 05

123 Month

20. Which of the services listed were covered by this plan?

	Yes (1)	No (2)	Don't know (3)
164 Routine mammograms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
165 Adult routine physical exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
166 Routine pap smears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
167 Office visits for prenatal care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
168 Adult immunizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
169 Child immunizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170 Well-baby care, under 1 year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
171 Well-child care, 1–4 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
173 Chiropractic care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
174 Other non-physician providers (such as physical therapists, podiatrists, and midwives)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
175 Outpatient prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
176 Routine dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
177 Orthodontic care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
178 Skilled nursing facility (convalescent care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
179 Home health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
180 Inpatient mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
181 Outpatient mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
182 Alcohol/substance abuse treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*** PLEASE NOTE ***

If your government unit offered more than one health insurance plan, please fill out Section B, General Plan Information for each plan that was offered, then continue with form MEPS-11(R), Section C at the back of this package.

If your government unit offered one health insurance plan, please continue with the MEPS-11(R) form, Section C.